

**CLAIMS ONLY**

SERIAL NO

FILING DATE

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51			
2	/							52			
3	/							53			
4	/							54			
5	/							55			
6	/							56			
7	/							57			
8	/							58			
9	/							59			
10	/							60			
11	/							61			
12	/							62			
13	/							63			
14	/							64			
15	/							65			
16	/							66			
17	/							67			
18	/							68			
19	/							69			
20	/							70			
21	/							71			
22	/							72			
23	/							73			
24	/							74			
25	/							75			
26	/							76			
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28	/							78			
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30	/							80			
31	/							81			
32	/							82			
33	/							83			
34	/							84			
35	/							85			
36	/							86			
37	/							87			
38	/							88			
39	/							89			
40	/							90			
41	/							91			
42	/							92			
43	/							93			
44	/							94			
45	/							95			
46	/							96			
47	/							97			
48	/							98			
49								99			
50								100			
TOTAL IND.	24							TOTAL IND.			
TOTAL DEP.	45							TOTAL DEP.			
TOTAL CLAIMS	49							TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS